

EASTERN REGIONAL MENTAL HEALTH BOARD, Inc.

The Citizen's Voice in Mental Health Policy

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THE DMHAS BUDGET

Robert E. Davidson, Ph.D., Executive Director

Madam Chair and members of the Appropriations Committee: I am Robert Davidson of Norwich, director of the Eastern Regional Mental Health Board, a planning and evaluation agency for mental health programs. After speaking about the DSS budget on Wednesday, it is a pleasure to be here concerning DMHAS.

The Regional Board believes that DMHAS is an exceptionally progressive and well managed agency that is doing its best to bring treatment into the current century. It has promoted the recovery movement, person-centered planning, evidence-based practices, the treatment of trauma, and co-occurring substance abuse disorders. Obviously, the Governor agrees, at least with the management part, since she had cut this budget less than others. She has also added "caseload growth" funds for the people who will get worse from the cuts she has made to DSS programs.

However, there are still some things to talk about. DMHAS agrees that some state hospital patients no longer need a hospital level of care. It proposes to close Cedarcrest Hospital and move 2/3 of the people to CVH, we hope with minimal rehabilitation cost to wards that have been closed in recent years. Recognizing that many of the people in Cedarcrest are young adults who need structured residential support, the other third are slated to go to two new fifteen bed facilities.

We suggest that fifteen bed facilities are still too big, will raise unpleasant and stigma-provoking zoning fights in the two towns, and will waste too much money on construction that could be used for care and support. Instead, we propose that DMHAS open six houses of about five beds each, which are allowed in most towns without special zoning, which are more like normal community living, and which should be cheaper to buy and operate in the current housing market.

Second, we note reduced budgets for the two services that are about to be rebid, emergency/ crisis/respite and case management. DMHAS embraced the concept of rebidding as a way to modernize definitions and combinations of services to better meet people's needs. However, case management programs are pushed towards a community support team format, which is a good model, but may be *more* expensive to implement because it may require more staff and higher priced credentialed staff. This extends the concept of "doing more with less" beyond reason.

Finally, we note that housing is missing from the governor's proposals. You all know about **supportive housing**, which combines adequate housing with the supports needed for someone with cognitive impairments or other problems to stay there, often for the first time. This model has worked very well with young people, seniors, and people recovering from various problems. Both you and the Governor had committed to an ambitious program over ten years, but almost immediately backed off, even when the Governor called recently for 'shovel ready' projects. We join with many housing advocates in saying that if we do not build shovel ready *projects* for people who need support, we will have shovel-ready *people* who may die from the lack of it. Thank you for your attention.